

## EMERGENCY TRANSPORTATION ASSISTANCE DOCUMENTATION REQUIREMENTS

**Provide a Copy of the following required documentation with application.**

**Applications received without the required documentation will not be processed.**

1) Copy of **TRIBAL I.D., AND DRIVERS LICENSE/STATE I.D.** for ALL individuals age 18 and older residing in the household as a permanent member. Permanent member means anyone residing in the household for one or more months.

2) Copy of **Three (3) Months proof of income for each individual in the household age 18 and older.**

Income must be for the period of three (3) months prior to the date of application. To claim ZERO INCOME or partial income a ZERO INCOME WORKSHEET must be complete and notarized.

LRBOI Program Income Criteria 175% FPIG		Income cannot exceed
Family Size	Annual Income	3 Months Income
1	\$ 18,953.00	\$4,738
2	\$ 25,498.00	\$6,374
3	\$ 32,043.00	\$8,010
4	\$ 38,588.00	\$9,646
5	\$ 45,133.00	\$11,283
6	\$ 51,678.00	\$12,919
7	\$ 58,223.00	\$14,555
8	\$ 64,768.00	\$16,191

175% of the FPIG - Federal Register update effective January 23, 2009

If it is determined applicant is over income a copy of Child Support or Medical Bills paid within the last 3 months can be deducted from gross income— Provide proof of payments for the deduction

3) Copy of **Vehicle Ownership** – (Ownership must be in the tribal members name or permanent member of the household and proof provided – Vehicle Title, Registration and Drivers License)

4) Copy of **Denial for Services OR Statement of need and budgeting statement that affects transportation needs.**

5) Copy of - **Estimate from service provider listing materials and cost to repair vehicle.**

This program does not reimburse for services already rendered. Payment will be made once final invoice is received. If cost of repair exceeds the maximum amount of assistance you must provide verification showing resources to cover the excess amount. Payment will be released to vendor once amount in excess of program maximum allowable amount has been paid by household. Services rendered prior to approval of assistance are not eligible for assistance. Unsafe condition must be determined by service vendor as unsafe to operate vehicle and must be documented on estimate.

If you have any questions about the status of an application or status of assistance check, please contact the Members Assistance Department. Please do not contact any other department. If you are eligible for assistance, you will be notified by phone. When the assistance is mailed out, you will receive a copy of the information mailed to the vendor.

Members Assistance Department  
Little River Band of Ottawa Indians  
375 River Street  
Manistee, MI 49660  
(231) 723-8288 / 888-723-8288  
Fax 231-398-6748

**LITTLE RIVER BAND OF OTTAWA INDIANS**  
**Members Assistance Department**  
**Emergency Transportation Assistance Program Application**

(Office Use Only)

Program Application received with ALL required documents:      Date: \_\_\_\_\_ Initials \_\_\_\_\_

**A. APPLICANT INFORMATION**

<b>TRIBAL MEMBER NAME :</b>			<b>D.O.B.</b>	
<b>PHYSICAL ADDRESS : STREET</b>		<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>MAILING ADDRESS :</b>				
<b>COUNTY :</b>	<b>PHONE :</b>		<b>TRIBAL I.D. #</b>	
<b>MARITAL STATUS</b> <input type="checkbox"/> <b>MARRIED</b> <input type="checkbox"/> <b>SINGLE</b> <input type="checkbox"/> <b>WIDOWED</b> <input type="checkbox"/> <b>OTHER</b>				
<b>PARENT NAME IF ACCESSING ON BEHALF OF TRIBAL MEMBER MINOR</b>				

**B. FAMILY INFORMATION**

1. List ALL persons living in the household on a permanent basis.

Name	D.O.B Date of Birth	Social Security Number	Relationship to Applicant	Years/Months at this address.	I.D. Number

**C. INCOME INFORMATION – PLEASE ENTIRE SECTION**

2. **Earned** and **Unearned** Income: Starting with applicant, list all household members who receive Earned and/or Unearned income, such as wages, tips, social security, retirement, disability and unemployment benefits, child support, alimony, royalties, per capita payments, tribal benefits, interest and any other income resource.

Provide Proof of all household income with application.

Name	Age	3 Months Income Total	Source of Income

Total gross Earned and Unearned income = \$ \_\_\_\_\_

**D. GENERAL INFORMATION**

3. Please briefly describe the reasons you are in need of this assistance. **Provide description & attach supporting documents.** Select the specific category why assistance is needed. *Check all that apply and provide description on next page.*

☐ Only means of transportation      ☐ Health & Welfare      ☐ Budgeting Issue

Examples - termination, unemployment statement, document showing activity of seeking employment and length of time, doctors slip identifying medical condition, invoice for unexpected expense, statement from homeless shelter Etc.) **You must provide evidence of need along with description. DO NOT LEAVE THIS AREA BLANK**

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**4. Household Estimated Monthly Expense Information – Expense for the month of:\_\_\_\_\_**

Description	Amount of Expense - Month
Rent/Mortgage (circle one)	\$
Food	\$
Electric	\$
Heat	\$
Water / Sewer / Trash (circle all that apply)	\$
Phone – Local and Long Distance & Cell Phone	\$
Cable or Satellite TV	\$
Automobile – Payment & Insurance etc. # of vehicles_____	\$
Medical / Dental	\$
Misc – Day care, child support, other_____	\$
Other expenses not listed – (please list)	\$
<b>Total of All Expenses</b>	\$

**5. What type of transportation assistance are you requesting? (Attach estimate with application)**

- ☐ Repair or replacement of mechanical and/or electrical items required for proper vehicle operation.  
☐ Maintenance of safety items as recommended by service vendor: Tires, Brakes, Exhaust, Headlights, Break Lights, Broken Windshield Glass or;  
☐ Other: \_\_\_\_\_

\_\_\_\_\_ Specify- item/s that affect the safety of vehicle operation. *Note: Unsafe condition must be determined by service vendor as unsafe to operate vehicle.*

6. Have any of the above items been repaired/replaced in the last 12 months? Yes \_\_\_\_ No \_\_\_\_

7. Are you applying for this assistance as your only recourse for assistance? Yes\_\_\_\_ No\_\_\_\_

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

**8. How does the problem with this vehicle affect the health and general welfare of the household?**

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

9. Does the household use public transportation? Yes\_\_\_\_ No\_\_\_\_ Is it available in your area? Yes\_\_\_\_ No\_\_\_\_

10. Have you received assistance from this program in the past? Yes \_\_\_\_ No \_\_\_\_ If yes, What was repaired/replaced on this vehicle?\_\_\_\_\_

11. Vehicle Information: Make\_\_\_\_\_ Model\_\_\_\_\_ Age\_\_\_\_\_

Odometer reading: \_\_\_\_\_ Purchased Date:\_\_\_\_\_

Other vehicles: \_\_\_\_\_

## E. APPLICANT CERTIFICATION & AGREEMENT

**(Read this certification carefully before you sign and date your application. Sign in ink.)**

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. **This certification is made with the knowledge that the information will be used to determine eligibility to receive financial assistance, and that false or misleading statements made by me or anyone in the household on this application or use of any untruthful or misleading statement on a document supporting this application is a violation of U.S.C. Title 18 Section 1001 and can result in prosecution and denial of services.** This application contains material covered by the Privacy Act. No record will be communicated to outside agencies unless in writing, either by the applicant or an officer or employee of the Members Assistance Department or other Federal agency requiring it in the performance of their duties.

And;

I fully understand that submission of an application does not guarantee receipt of assistance, and that resources will be allocated or withheld according to availability of funds. I understand that I have the right to appeal any adverse decision regarding my request for assistance to the Little River Band of Ottawa Indians through the appeal process governing this program per the Membership Assistance Ordinance. I have read and fully understand the contents provided in this application.

And;

I fully understand that, ownership of the vehicle must be in the tribal member's name or a permanent member of the household. I will provide verification that my physical address matches the physical address on the vehicle title, registration and drivers license of vehicle title holder and on file with the Enrollment Department. (Attach Copy of Verification with application)

And;

I fully understand that, although there is a maximum amount of assistance under this program, I am not automatically entitled to that amount. If I am eligible for assistance I will not receive the maximum amount of assistance if a smaller amount will resolve transportation crisis. If cost of repair exceeds the maximum amount of assistance I will provide verification showing resources to cover the excess amount.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Spouse's Signature (if appropriate):** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Before you mail this, did you include all the required documentation?***



Little River Band of Ottawa Indians  
Members Assistance Department

375 River St  
Manistee MI 49660  
Toll Free 888-723-8288  
231-723-8288  
Fax: 231-398-6748

**AUTHORIZATION TO RELEASE INFORMATION**

To Whom It May Concern:

I/We hereby authorize you to release, any and all information concerning the following:

Employment history dates, title, income, hours worked etc. mortgage, rental agreement, lease or land contract information, heating or electrical account information, Social Security, SSI or SS Disability statements, banking, savings statements, general assistance income (DHS), zero income statement; and any other information requested of outside agencies and/or appropriate Tribal departments as deemed necessary to verify application information submitted for assistance services.

This information is released to:

**Members Assistance Coordinator-Lee A. Ivinson and Members Assistance Staff**

for use in evaluating eligibility for Members Assistance Programs.

Release of Information to Appropriate Service Departments:

I understand that information may be disclosed to appropriate Tribal departments on my behalf for services and assistance applied for. This information is intended to facilitate access to services in a timely manner and is considered confidential and/or privilege information. I understand that records cannot be disclosed without my written consent below, unless otherwise provided in the regulation. I also understand that I may revoke this consent at any time except to the extent for actions taken and services in assisting you.

Full Name: \_\_\_\_\_  
(Signature)

Full Name: \_\_\_\_\_  
(Printed)

Social Security #: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Privacy Act Statement**

The primary use of this information is by an employee of the Members Assistance Department office in determining eligibility for services. Furnishing the information on this form is required to establish eligibility for your participation in the program.



## Little River Band of Ottawa Indians Members Assistance Department Zero Income Worksheet

Applicant and/or permanent household member/s age 18 or older shall complete the zero income form for periods within the last three (3) months of the date of application where there is no income generated or partial income claimed. Complete section that is pertinent to your situation – Zero Income or Partial Income.

<b><u>Household Monthly Expenses -</u></b>	<b><u>Amount</u></b>
Rent/Mortgage Payment	_____ Mo.
Utilities – Circle that apply- Electric, Heat, Water, Sewer, Phone, Trash Removal, Cable or Satellite TV	_____ Mo.
Food	_____ Mo.
Automobile (fuel, repairs, insurance)	_____ Mo.
Medical/Dental	_____ Mo.
Miscellaneous (day care, child support etc.)	_____ Mo.
Other Expenses – List them _____	_____ Mo.

### **Zero Income**

☐ I \_\_\_\_\_ certify that I have not received any income within the dates from \_\_\_\_\_ to \_\_\_\_\_ and I am claiming ZERO INCOME. (must total 3 months from date of application)

Please explain circumstances for claiming Zero Income:

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**REQUIRED: Explain how the expenses are currently paid**

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How will household continue to pay the expenses?

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### **Partial Income**

☐ I \_\_\_\_\_ certify that I am claiming income for part of the period within the three months and *proof of income is provided with application* and ZERO INCOME for the dates from \_\_\_\_\_ to \_\_\_\_\_. (must total 3 months from date of application)

Please explain circumstances for claiming Partial Income:

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**REQUIRED: Explain how the expenses are currently paid**

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How will household continue to pay the expenses?

**Income/Resources of Household-**

**Provide a copy of the documents that apply with application.**

Income from Work-Not reported on a W-2 Form	_____	Mo.
Rental Income (If applicable)	_____	Mo.
TANF (Temporary Assistance to Needy Families)	_____	Mo.
Child Support/Alimony	_____	Mo.
Social Security Benefits	_____	Mo.
Food Stamps/Bridge Card	_____	Mo.
Subsidized Housing	_____	Mo.
Pension	_____	Mo.
Unemployment Compensation	_____	Mo.
Workers' Compensation	_____	Mo.
Explanation of any other resources not listed:	_____	

(circle one)

Would you participate in a household budgeting training course? Yes No If No: Why \_\_\_\_\_

I certify that all of the answers given are true, complete and correct to the best of my knowledge and belief, and they are made in good faith. This certification is made with the knowledge that the information will be used to determine eligibility to receive assistance, and that false or misleading statements made by me on this application or my use of any untruthful or misleading statement on a document supporting this application is a violation of U.S.C. Title 18 Section 1001 and can result in prosecution and/or denial of services.

Spouse or Other – (Individuals 18 or older declaring zero or partial income)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY STAMP, SIGNATURE AND DATE**

(Name) \_\_\_\_\_ Acknowledged before me in \_\_\_\_\_ County,  
State of \_\_\_\_\_ on this date \_\_\_\_\_.

Notary's Stamp

Notary Signature \_\_\_\_\_  
Notary Public, State of \_\_\_\_\_, County of \_\_\_\_\_;  
My commission expires \_\_\_\_\_; and Acting in the County of \_\_\_\_\_.



# Little River Band of Ottawa Indians Members Assistance Department

For additional forms make  
copies as needed.

## Statement of Assistance Resources

**To be used when household has received assistance from an individual/s. To be completed by person giving assistance to applicant.**

Applicant name: \_\_\_\_\_ Address \_\_\_\_\_

I certify that the total amount to date I \_\_\_\_\_ gave \_\_\_\_\_  
in assistance is \$ \_\_\_\_\_. Amount was given per ☐ month or ☐ week. This financial assistance  
started on (Date) \_\_\_\_\_.

The dates and amounts given:

Date	Amount		Date	Amount		Date	Amount

(Use reverse side for additional space)

*Check and complete all that apply:*

☐ I paid these expenses on these dates:

Expense/ Bill	Description	Amount	Date/s

(Use reverse side for additional space)

☐ I will continue to pay these expenses until (Date) \_\_\_\_\_.

☐ This was a onetime assistance and no further assistance will be given.

My relationship to the applicant is: \_\_\_\_\_

My Address: \_\_\_\_\_

My Phone: \_\_\_\_\_

My Work Phone: \_\_\_\_\_

My Employer Name & Address: \_\_\_\_\_

This certification is made with the knowledge that false or misleading statements made by me on this form and/or on supporting documents for this certification is fraud and can result in prosecution. I further understand that the Little River Band of Ottawa Indians may require additional information to verify the assistance provided by me to said applicant, additional request may be but not limited to receipts, bank statements, paid invoices, cancelled checks and income verification by way of pay stubs and any other proof deemed necessary.

### **NOTARY, SIGNATURE AND DATE**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Name) \_\_\_\_\_ Acknowledged before me in \_\_\_\_\_ County,  
State of \_\_\_\_\_ on this date \_\_\_\_\_.

Notary's Seal

Notary Signature \_\_\_\_\_  
Notary Public, State of \_\_\_\_\_, County of \_\_\_\_\_;

My commission expires \_\_\_\_\_; and Acting in the County of \_\_\_\_\_